

EDITORIALS

Medical Editors, Journal Owners, and the Sacking of George Lundberg

On January 15, 1999, Dr. George Lundberg, Editor of the *Journal of the American Medical Association (JAMA)*, was summarily fired by Dr. E. Ratcliffe Anderson, Executive Vice President of the American Medical Association (AMA). At his news conference announcing the action, Dr. Anderson said he sacked Dr. Lundberg because of a research article¹ about college students' definition of "having sex," which he asserted had been published in a hurry to coincide with the Clinton impeachment trial, "to extract political leverage" (G. Kolata. *New York Times*. January 16, 1999:A1). He also noted that "over time, however, I have lost confidence in Dr. Lundberg's ability to preserve that high level of trust and credibility."

Lundberg's firing is important to *JGIM* readers. Not only do they have their own journal to safeguard, but many Society of General Internal Medicine (SGIM) members are, or will be, editors or editorial board members of other journals. Further, readers of all journals need to understand what it takes to make a journal sound if readers are to support them effectively.² Therefore, Lundberg's firing should prompt us all to reflect on the nature of editing and the relationship between medical editors and journal owners.

First, some reflections on George Lundberg himself. When we began to edit the *Journal of General Internal Medicine* in 1985, we sought the counsel of Ed Huth, then editor of *Annals of Internal Medicine*, and Bob Utiger, then editor of *Journal of Clinical Endocrinology & Metabolism*, who helped us understand the unfamiliar world of journal editing. But George Lundberg was the first medical editor who sought us out, during a visit to Chapel Hill, to wish us success with the new journal. In characteristic Lundberg style, he pointed out that we had "stubbed our toes" by reprinting a table from *JAMA* without appropriate attribution, and then offered support to his new (and totally green) editor colleagues—an offer he made good on many times over the ensuing years.

By the time of that visit, Lundberg was already well on the way to making *JAMA* once again one of the world's premier medical journals. During his 17-year tenure, *JAMA*'s scientific impact factor rose to 9.3, exceeded only by the *New England Journal of Medicine*, *The Lancet*, and *Annals of Internal Medicine*, among general medical journals.³ He was willing to take on politically sensitive health issues such as tobacco (long before it was politically correct to tackle smoking), boxing, nuclear war, and alternative medicine, to name a few. In so doing, *JAMA* affirmed that health care is not just the application of biologic knowledge but is intertwined with all other aspects of

life—social, political, economic, and cultural. Lundberg made *JAMA* a force for "evidence based medicine" with its series on Users' Guide to the Medical Literature⁴ and The Rational Clinical Examination⁵ and by endorsing structured abstracts. By using *JAMA* to publish parts of Morbidity and Mortality Weekly Report, National Institutes of Health consensus conferences, and reports of the Institute of Medicine, Lundberg helped physicians keep up with important medical developments before the advent of the Web. Finally, he increased *JAMA*'s success by paying attention to its newsworthiness, as all effective editors of large general medical journals do (whether or not they admit it).

Perhaps Lundberg's most enduring legacy will come from his work outside of the AMA journals themselves. In 1989, *JAMA* sponsored the First International Congress on Peer Review in Biomedical Publications.⁶ Before that conference there were just a handful of scientific studies on the conduct and effectiveness of medical journal editing practices. Now, stimulated by opportunities provided by ongoing peer review congresses, editors can meet other editors and present and publish their research on peer review. As a result, there are now hundreds of published studies on editing. Slowly but surely, because of *JAMA*'s leadership and support, editorial practices are becoming an activity based on science as well as art.⁷

In 1995, a group of medical journal editors from around the world met in Bellagio, Italy to consider ways to promote collaboration. The goal was to strengthen editing and thereby improve medical science, worldwide. George Lundberg was a founding member and strong supporter of the World Association of Medical Editors (WAME), the organization that grew out of the Bellagio conference. He encouraged the group to set down the mission of medical journals: "The overarching purpose of medical journals (and thus of editors), regardless of language, region of the world or type of journal, should be to promote the science and art of medicine and the betterment of the public health. To achieve this purpose, key elements that editors consider include public health, science, ethics, economics, rigor, balance and breadth. Different journals and editors would have differing mixtures of these objectives and requirements according to their individual circumstances" (WAME Website: www.wame.org/rep-back.htm/). Several specific objectives were also enumerated.

Lundberg also made available *JAMA*'s considerable computer resources and personnel to help create electronic communications for this new, totally virtual, organization.

There are now over 400 editor members from all the continents of the world in WAME. Within a few days of Lundberg's firing, editors not only from North America and Europe but also from South Africa, Australia, and Russia, among other countries, flooded the list serve set up by WAME, with expressions of concern and outrage that Lundberg had been fired in this way and for this reason. Many wrote that the firing was a direct attack on editorial freedom.

What is editorial freedom? The International Committee of Medical Journal Editors, an informal group of editors of leading medical journals, put it this way: "Editors must have full authority for determining the editorial content of the journal. This concept of editorial freedom should be resolutely defended by editors even to the extent of placing their positions at stake."⁸

Why is editorial freedom important? It is in society's best interests that physicians can rely on sources of information that are designed to be free of biases, both scientific ones and those arising from commercial and personal self-interest. To this end, editors have developed elaborate efforts to protect journal contents from commercial as well as other forms of bias.^{8,9} Journal owners, on the other hand, have agendas beyond that of disseminating unbiased information, such as increasing the influence and resources of their organization. Editors must be buffered from these influences, which are legitimate for owners but not for journals if the influences interfere with the integrity of information. Furthermore, readers will not respect a journal that is perceived to be the organization's mouthpiece. They will stop subscribing to and reading a journal if they lose confidence in its integrity and independence.

This is not to say that editors should go about their work without a great deal of input. Their every decision should be informed by an army of colleagues: in-house editorial staff, peer reviewers, editorial board members, readers, and authors.¹⁰ The best editors surround themselves with well-informed, wise associates; they seek out their colleagues' advice and listen carefully to their suggestions. But the final decision about the content of the journal is theirs.

Dr. Anderson, in stating his reasons for firing Lundberg, carefully pointed out that he was not impinging on editorial freedom. Indeed, the article he objected to was published, so in a narrow sense, he was correct. The chilling effect his action is likely to have on any future editor's decision making is quite another matter. In the larger sense, he directly attacked editorial freedom. His action also damaged the AMA's reputation. An organization's reputation for respecting editorial freedom is established not only by staying within legal and contractual boundaries of behavior, but also by public judgment of its dealings with its editor.

The authority of medical editors over their journals' contents is delegated from the owners. Most of the world's leading medical journals are owned by medical societies. (The outstanding exception, *The Lancet*, was begun as a family business in 1823 by its editor, Thomas Wakely—whose reformist proclamations greatly irritated the Brit-

ish medical establishment, as they certainly would have the AMA establishment if he were around today—and now is owned by the medical publishing giant, Elsevier.) We believe it is good that medical societies own most medical journals. Inherent differences between editors and owners notwithstanding, these societies have a traditional interest in promoting the professionalism of their members through education and information. Their journals are the most prominent vehicles for this purpose.

How and when should editors be fired? First, as former editors who ourselves might have been fired, we unequivocally support the principle that owners of medical journals have the right to hire and fire their editors. However, the decision to fire an editor should reside broadly with the leadership of an organization, not with the chief executive officer. When we became full-time editors, we quickly learned what all editors of major journals know: that there is an inherent friction between the society's journal editor and its executive officer. The mind set and mission of editors are frequently at odds with the understandable wish of the executive to control the society's affairs and realize as much income as possible for other activities. Often, the journal editor's name is more familiar to society members than that of the executive officer—after all, the most frequent communication from most organizations to members is their medical journal. These inherent conflicts are best managed by the journal editor answering to the organization's governing body. In addition, the firing of an editor is so important that the broad leadership, not an individual, should make the decision. The Society of General Internal Medicine (where *JGIM*'s editor is hired by and reports to the SGIM Council) and the American College of Physicians (where the editor of *Annals of Internal Medicine* is hired by and reports to the Board of Regents) are structured in this way.

Reasons for dismissal should include corruptness, incompetence, and the long-term editorial direction, but certainly not publishing a single article unless it is extraordinarily outrageous. After all, editors take risks with every decision to accept or reject, either by publishing articles that draw criticism (as in Lundberg's case) or rejecting articles that later become classics.

Why should physicians outside the editing community be alarmed at George Lundberg's firing? Because it strikes at the heart of one of the most important of all medical endeavors. Because the credibility of medical journals that we all depend on and that takes so long to build, can be torn down so quickly, to the detriment of all who depend on medical science.—**SUZANNE W. FLETCHER, MD, ROBERT H. FLETCHER, MD**, *Harvard Pilgrim Health Care and Harvard Medical School, Boston, Mass.*

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CALL FOR CLINICAL REVIEWS

The Editors of the *Journal of General Internal Medicine* remain interested in expanding the number of Clinical Reviews published in *JGIM*. We encourage authors and readers to submit Clinical Reviews on timely and relevant topics to the Journal. For more information on the kind of reviews we want, see our editorial "Up for Review," *J Gen Intern Med* 1995;10:293-4.

Please note that our approach to Clinical Reviews has broadened. We remain interested in systematic reviews, particularly those that address a specific clinical question and are evidence-based. However, we also are interested in more synthetic and summative reviews that address broader clinical issues and concepts. We recognize that some subjects, for example, updates, are better handled using formats that depart from the systematic review and follow a more traditional outline. If you are interested in submitting a review to the Journal or have questions about our requirements for authors, please contact our editorial office at:

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We look forward to receiving your submissions.